

STITES & HARBISON PLLC
ATTORNEYS

400 West Market Street
Suite 1800
Louisville, KY 40202-3352
[502] 587-3400
[502] 587-6391 FAX
www.stites.com

FAX TRANSMISSION

Notice of Confidentiality

This Communication Is Directed Solely To the Addressee And May Contain Confidential Or Legally Privileged Information.

If You Are Not The Addressee Indicated Below:

Do not read the following pages
Do not retain, copy, distribute or disseminate the following pages
Please call the sender immediately (collect if necessary) and return the original and all copies to the above addressee (we will reimburse postage)

**RECEIVED
CENTRAL FAX CENTER**

OCT 22 2004

NEITHER THE TRANSMISSION OF THE ATTACHED PAGES, NOR ANY ERROR IN TRANSMISSION OR MISDELIVERY SHALL CONSTITUTE WAIVER OF ANY APPLICABLE LEGAL PRIVILEGE.

DATE: 10/22/2004

TO:

NAME	FAX NO.	PHONE NO.
Examiner Rodney M. Lindsey Group Art Unit 3765 USPTO	703-872-9306	

NUMBER OF PAGES (INCLUDING COVER PAGE): 22

IF ALL PAGES ARE NOT RECEIVED, ARE ILLEGIBLE OR ARE RECEIVED IN ERROR,
PLEASE CALL [502] 587-3400, Ext. AS SOON AS POSSIBLE.

FROM: Memorie Stofferahn for David W. Nagle Jr.

C/M CODE: BUI29/OBU27-U

TRANSMITTED BY: Memorie Stofferahn

DATE: 10/22/2004

TIME: 4:16 pm EDT

MESSAGE:

Please See Attached

PTO/SB/21 (02-04)

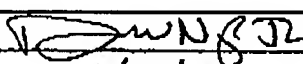
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10782241
	Filing Date	02/18/2004
	First Named Inventor	Oleson
	Art Unit	3785
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission	Attorney Docket Number	BU129/08U27-U

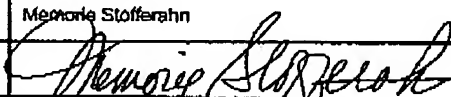
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of cited non-US patent references Return receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David W. Nagle, Jr.
Signature	
Date	6/29/04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Memorie Stofferahn	
Signature		Date
		6/29/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

The stamp of the mail room of the US Patent and Trademark Office will acknowledge receipt of the following for PROTECTIVE HELMET WITH VERTICALLY ADJUSTABLE HEADBAND; S/N 10/782,241 (Atty. Doc' # BU129/0BU27-U - E.D. Bullard)

Transmittal with Certificate of Mailing, dated June 29, 2004; Information Disclosure Statement with copies of cited non-US patent references.



PTO/SB/Z1 (02-04)

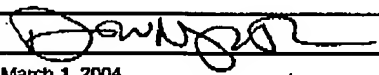
Approved for use through 07/31/2006. OMB 0651-0031


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/782,241	
	Filing Date	2/18/2004	
	First Named Inventor	Oleson	
	Art Unit	Not yet assigned	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	BU129/08U27-J

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David W. Nagle, Jr.
Signature	
Date	March 1, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Memorie Stofferahn
Signature	
Date	3/1/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

The stamp of the mail room of the U.S. Patent and Trademark Office will acknowledge receipt of the following for: PROTECTIVE HELMET WITH VERTICALLY ADJUSTABLE HEADBAND, S/N 10/782,241 (Atty. Doc. # BU129/0BU27-U - E.D. Bullard)

Transmittal Form with Certificate of Mailing, dated March 1 2004; Preliminary Amendment.



MA

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.